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<b>REVOCAION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS</b>	Application Number	10/811,450 – Conf. # 1775
	Filing Date	March 25, 2004
	First Named Inventor	Kuei-Ann Wen
	Art Unit	2193
	Examiner Name	Michael D. Yarry
	Attorney Docket Number	78438-244320

I hereby revoke all previous powers of attorney given in the above-identified application.

 A Power of Attorney is submitted herewith.

OR

 I hereby appoint the practitioners associated with the Customer Number:  Please change the correspondence address for the above-identified application to: The address associated with  
Customer Number:

OR

 Firm or  
Individual Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Country: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

I am the:

 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**Signature: 

Name: Kuei-Ann Wen

Date: 2007-5-16

Telephone: \_\_\_\_\_

NOTE: Signatures of all inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

\*Total of 1 forms are submitted

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